Suicide Risk Assessment for Integrated Health Home Providers

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Agenda

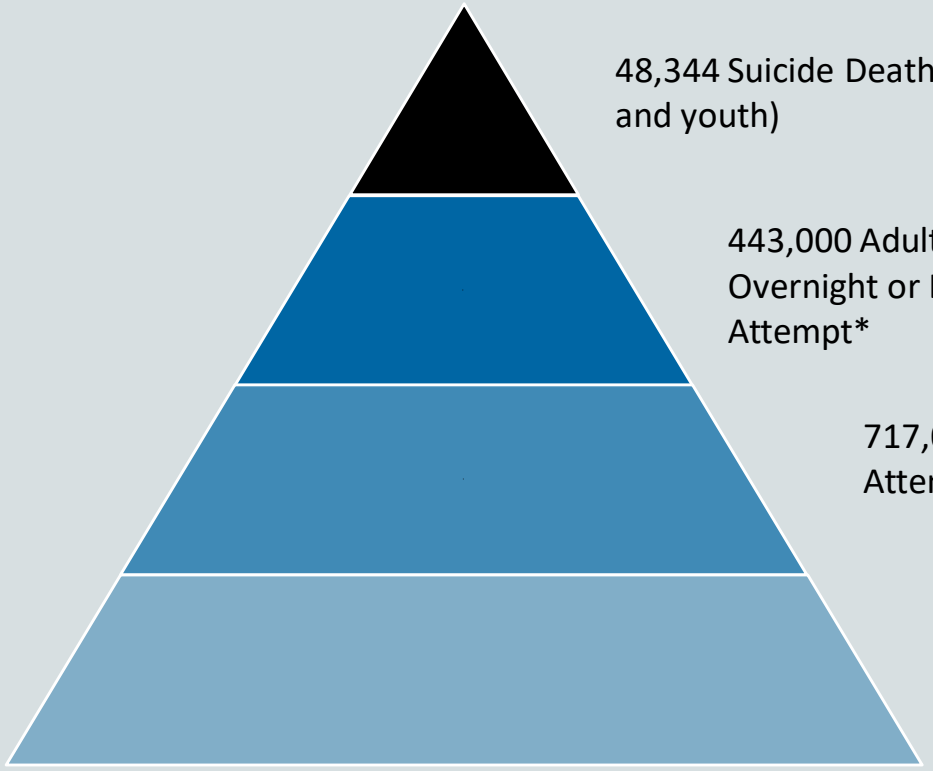
- Introduction
- What we know; research, data
- Risk factor formulation
- Zero suicide toolkit; Columbia Suicide Severity Rating Scale
- Interview techniques
- Interventions
- Discussion / case sharing

Both suicide and homicide are impossible to accurately predict.

- 130 people per day end their life by suicide
- 1 American dies by suicide every 11.1 minutes
  - 1 male every 14.1 minutes
  - 1 female every 51.3 minutes
  - 1 attempt every 26.6 seconds
  - 25 attempts American for every death by suicide
- An estimated quarter million people each year become suicide survivors
  - 1 of every 60 or 40 – 50% of all Americans
- 2019: White males accounted for 69% of suicide deaths
- For every 2 homicides there are 4.5 suicides

Centers for Disease Control and Prevention (CDC) Data & Statistics Fatal Injury Report for 2018
American Association for Suicidology
American Foundation for Suicide Prevention

Suicidal Behavior, United States 2018



48,344 Suicide Deaths (includes adults and youth)

443,000 Adults (18+) Hospitalized Overnight or Longer for a Suicide Attempt*

717,000 Adults (18+) Received Medical Attention for a Suicide Attempt*

1,442,000 Adults (18+) Reported Suicide Attempts*

*Self-Report

Source: CDC, 2020; SAMHSA, 2019

Assessing Risk

- We can modify risks, but you must know the research.
- The answers you get depends upon the questions you ask.
- The art is helping patients share this sensitive material in a valid manner.

- Ideal is…
  1. A client will share what would have been withheld intent
  2. A client will more openly share his / her reflected intent; and
  3. A client's stated intent will be accurate.

  - The real suicidal intent of any given client may be equal to any one or a combination of one of these three.

Shea SC. Suicide assessment: part 2: uncovering suicidal intent Using the Chronological Assessment of Suicide Events. *Psychiatric Times*. 2009;26(12):Clinical supplement.

Risk Factor formula

- > Number of Potentiating factors = > Risk
- Rarely act individually to increase risk
- Many people have one or more and aren't suicidal
- It is the cumulative and interactive effects of co-occurring risk factors that result in increased risk for suicide

Jacobs 1999

Assessing Risk

Errors of judgment are inevitable

- failure to ***accurately assess*** suicide potential.

Errors of omission are preventable

- failure to ***adequately assess*** suicide potential if time is taken to perform a thorough suicide risk assessment

Principles of suicide risk assessment. Frierson 2002

10 Leading Causes of Death by Age Group, United States – 2018

	Age Groups										
Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	Total
1	Congenital Anomalies 4,473	Unintentional Injury 1,226	Unintentional Injury 734	Unintentional Injury 692	Unintentional Injury 12,044	Unintentional Injury 24,614	Unintentional Injury 22,667	Malignant Neoplasms 37,301	Malignant Neoplasms 113,947	Heart Disease 526,509	Heart Disease 655,381
2	Short Gestation 3,679	Congenital Anomalies 384	Malignant Neoplasms 393	Suicide 596	Suicide 6,211	Suicide 8,020	Malignant Neoplasms 10,640	Heart Disease 32,220	Heart Disease 81,042	Malignant Neoplasms 431,102	Malignant Neoplasms 599,274
3	Maternal Pregnancy Comp. 1,358	Homicide 353	Congenital Anomalies 201	Malignant Neoplasms 450	Homicide 4,607	Homicide 5,234	Heart Disease 10,532	Unintentional Injury 23,056	Unintentional Injury 23,693	Chronic Low. Respiratory Disease 135,560	Unintentional Injury 167,127
4	SIDS 1,334	Malignant Neoplasms 326	Homicide 121	Congenital Anomalies 172	Malignant Neoplasms 1,371	Malignant Neoplasms 3,684	Suicide 7,521	Suicide 8,345	Chronic Low. Respiratory Disease 18,804	Cerebro-vascular 127,244	Chronic Low. Respiratory Disease 159,486
5	Unintentional Injury 1,168	Influenza & Pneumonia 122	Influenza & Pneumonia 71	Homicide 168	Heart Disease 905	Heart Disease 3,561	Homicide 3,304	Liver Disease 8,157	Diabetes Mellitus 14,941	Alzheimer's Disease 120,658	Cerebro-vascular 147,810
6	Placenta Cord. Membranes 724	Heart Disease 115	Chronic Low. Respiratory Disease 68	Heart Disease 101	Congenital Anomalies 354	Liver Disease 1,008	Liver Disease 3,108	Diabetes Mellitus 6,414	Liver Disease 13,945	Diabetes Mellitus 60,182	Alzheimer's Disease 122,019
7	Bacterial Sepsis 579	Perinatal Period 62	Heart Disease 68	Chronic Low Respiratory Disease 64	Diabetes Mellitus 246	Diabetes Mellitus 837	Diabetes Mellitus 2,282	Cerebro-vascular 5,128	Cerebro-vascular 12,789	Unintentional Injury 57,213	Diabetes Mellitus 84,946
8	Circulatory System Disease 428	Septicemia 54	Cerebro-vascular 34	Cerebro-vascular 54	Influenza & Pneumonia 200	Cerebro-vascular 567	Cerebro-vascular 1,704	Chronic Low. Respiratory Disease 3,807	Suicide 8,540	Influenza & Pneumonia 48,888	Influenza & Pneumonia 59,120
9	Respiratory Distress 390	Chronic Low. Respiratory Disease 50	Septicemia 34	Influenza & Pneumonia 51	Chronic Low. Respiratory Disease 165	HIV 482	Influenza & Pneumonia 956	Septicemia 2,380	Septicemia 5,956	Nephritis 42,232	Nephritis 51,386
10	Neonatal Hemorrhage 375	Cerebro-vascular 43	Benign Neoplasms 19	Benign Neoplasms 30	Complicated Pregnancy 151	Influenza & Pneumonia 457	Septicemia 829	Influenza & Pneumonia 2,339	Influenza & Pneumonia 5,858	Parkinson's Disease 32,988	Suicide 48,344

Data Source: National Vital Statistics System, National Center for Health Statistics, CDC.
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Suicide Facts & Figures:

Iowa 2020

On average, one person died by suicide every 18 hours in the state.

More than five times as many people died by suicide in Iowa in 2018 than in alcohol related motor vehicle accidents.

The total deaths to suicide reflected a total of 10,179 years of potential life lost (YPLL) before age 65.

Suicide cost Iowa a total of **$441,111,000** combined lifetime medical and work loss cost in 2010, or an average of **$1,185,783 per suicide death**.

9th leading cause of death in Iowa

2nd leading
cause of death for ages 10-34

4th leading
cause of death for ages 35-54

8th leading
cause of death for ages 55-64

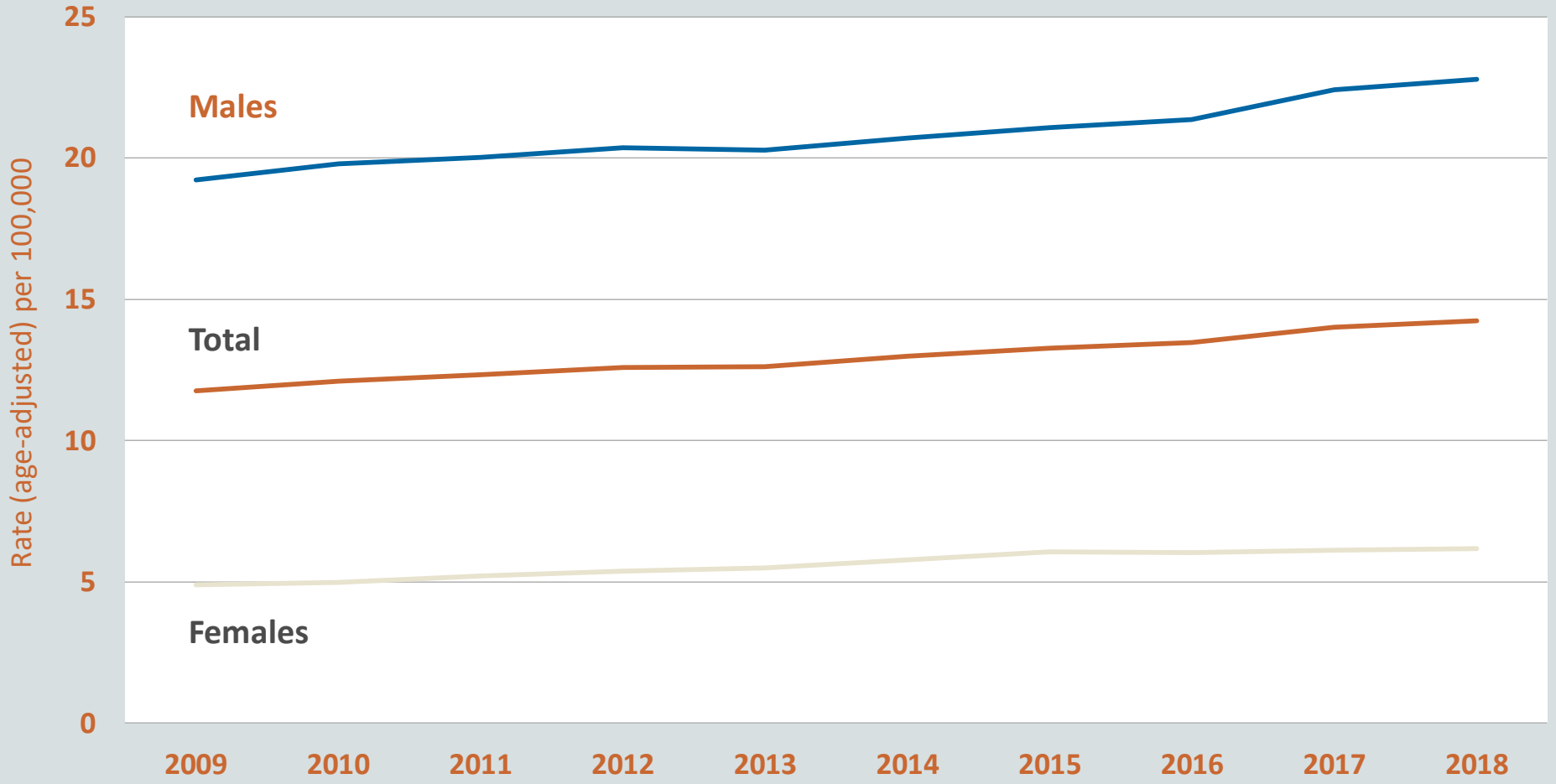
18th leading
cause of death for ages 65+

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Iowa	**490**	**15.47**	**26**
Nationally	48,344	14.21	

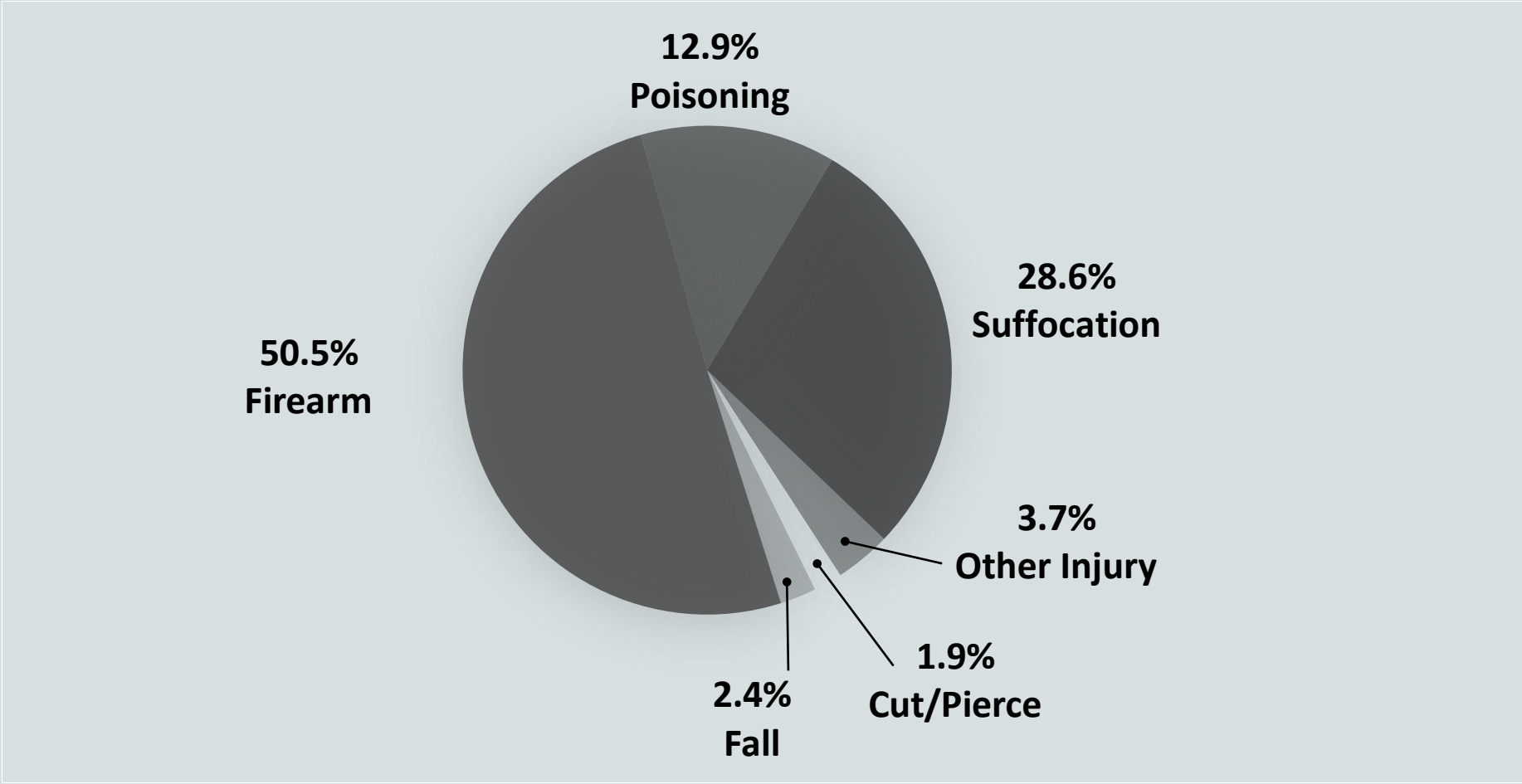
CDC, 2018 Fatal Injury Reports (accessed from www.cdc.gov/injury/wisqars/fatal.html on 3/1/2020).

Suicide Rates by Sex, United States 2009-2018



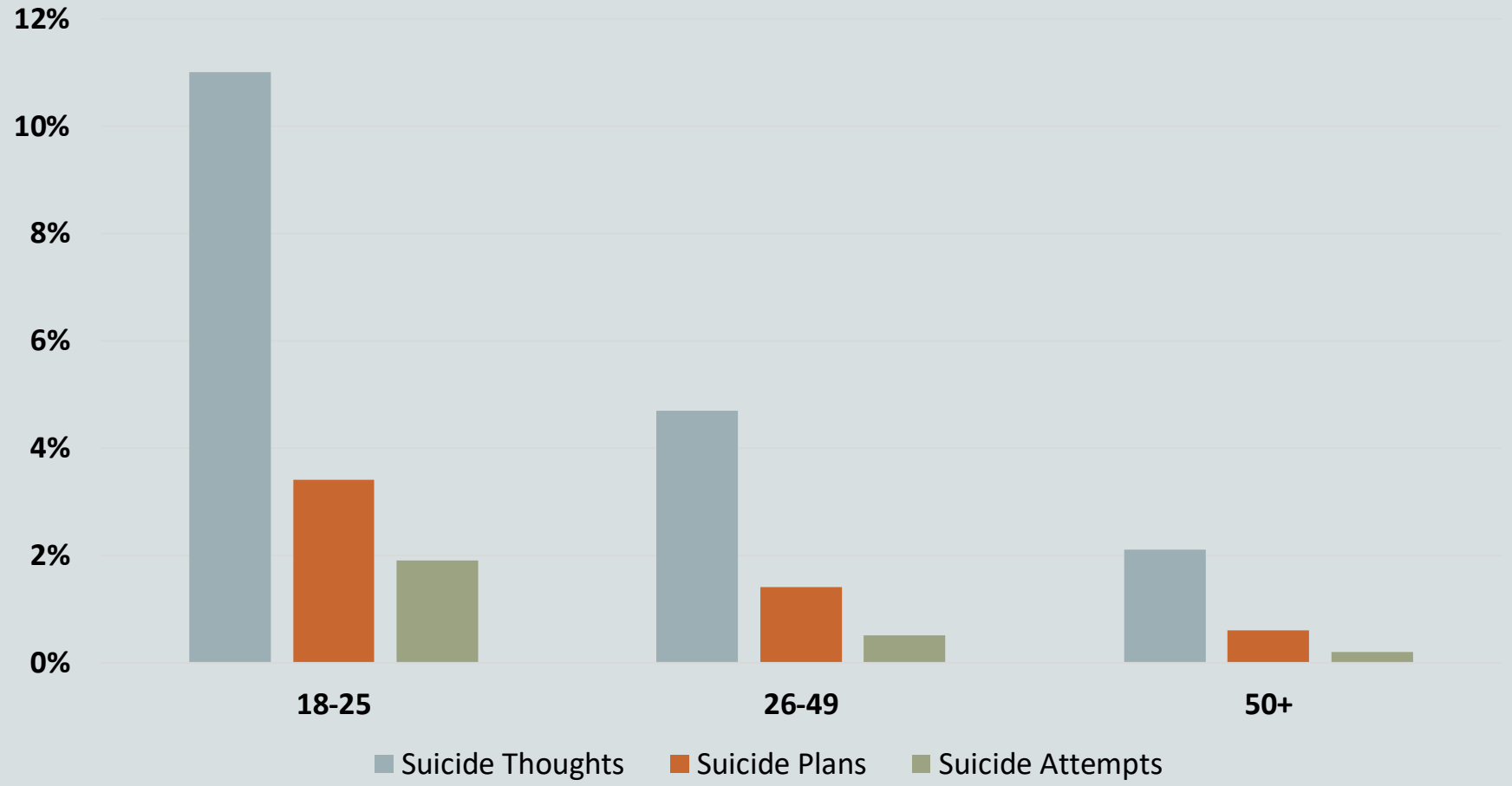
Source: CDC, 2020

Means of Suicide, United States 2018



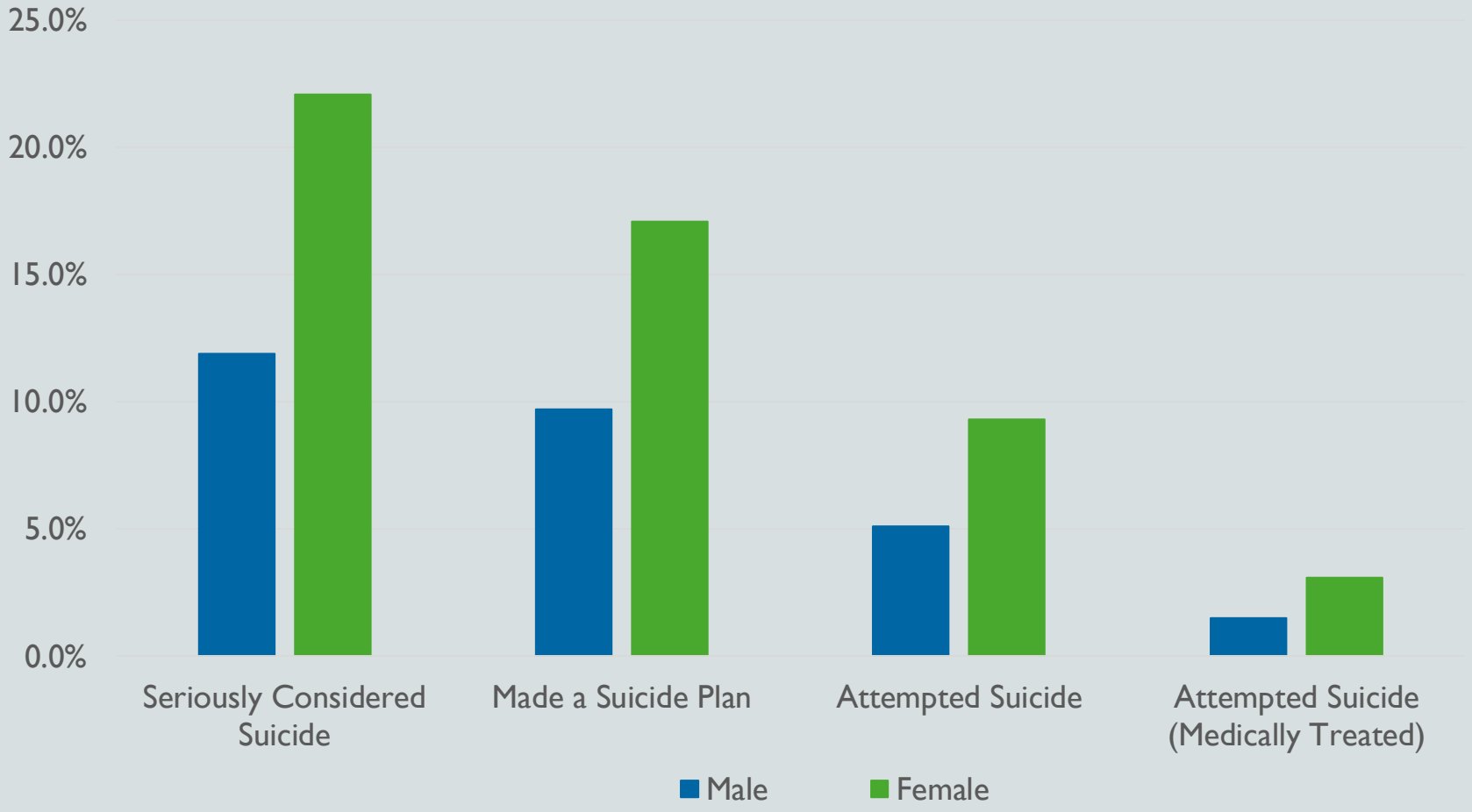
Source: CDC, 2020

Past Year Suicidal Thoughts, Plans, and Attempts Among Adults (18+) by Age, United States 2018



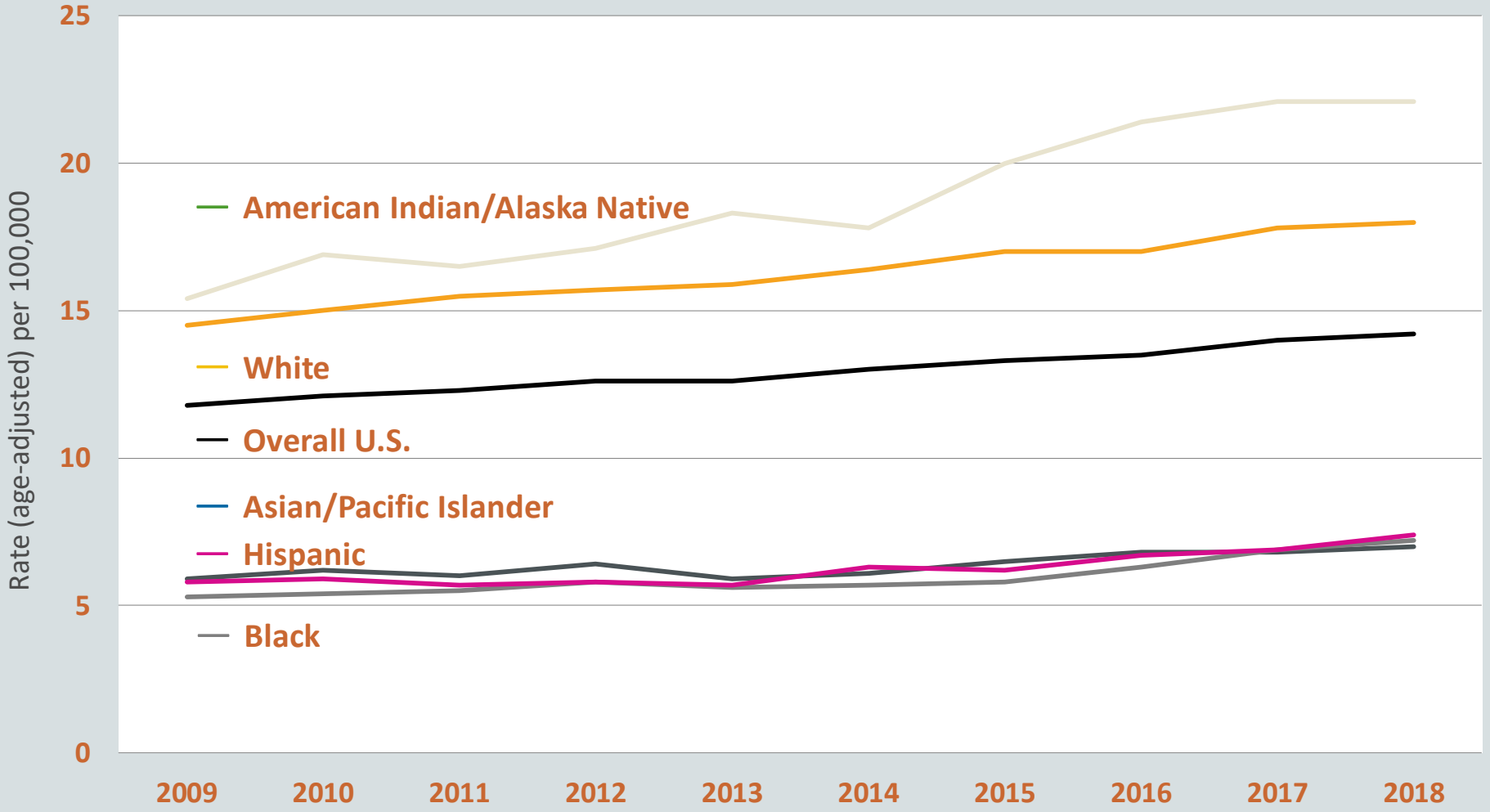
Source: SAMHSA, 2019

Past Year Suicidal Thoughts, Plans and Attempts Among High School Youth by Sex, United States 2017



Source: CDC, 2017

Rate of Suicide by Race/Ethnicity, United States 2009-2018



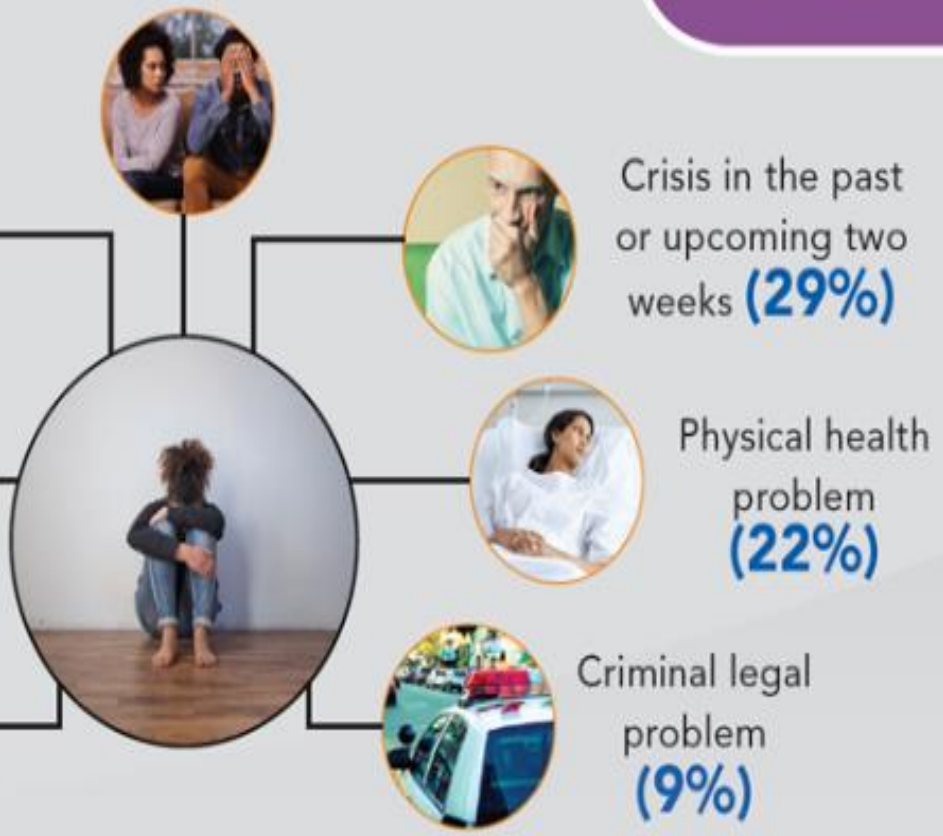
Source: CDC, 2020

Suicide Attempt to Completion Ratio in the US – 2018

- Males - attempt to complete: 8 / 1
- Females: 59 / 1
- Elderly: 4 / 1
- Children and teens: 200 / 1

- A failed attempt adds 10% lifetime risk
- Many attempt again with 90 days
- Greatest risk: first 12 months post attempt

Many factors contribute to suicide among those with and without known mental health conditions.



Note: Persons who died by suicide may have had multiple circumstances. Data on mental health conditions and other factors are from coroner/medical examiner and law enforcement reports. It is possible that mental health conditions or other circumstances could have been present and not diagnosed, known, or reported.

SOURCE: *CDC's National Violent Death Reporting System, data from 27 states participating in 2015.*

Most common demographics

- Male
- Older than 15
- White
- 90% suffer from major mental disorders
- Access to gun
- Chronic medical condition
- Living alone
- Completers most likely to occur in males >60

Highest risk DSM 5 diagnoses

- Substance Use Disorders
- Bipolar, psychotic
- Psychotic disorders
- Bipolar I
- Bipolar mixed
- Bipolar II
- Major depression

Balessarini, R,. Tondo, L. 2020. Suicidal risks in 12 DSM-5 psychiatric disorders. Journal of Affective Disorders. 271, 66–73.

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Jacobs 1999

Assessing Risk

- Suicide is very personal
  - Clinician must use an empathic and non-judgmental approach
  - Proceed from general to specific

- Objective
  - Identify factors which increase or decrease level of suicide risk
  - It is not possible to precisely "predict" suicide
  - Estimate an overall level of risk - mild, moderate, severe

- 2003 APA guidelines

Assessing Risk

- Asking about suicide does not put the idea in your pt's thoughts
- Recognize your personal reactions to suicide
  - Potential to prematurely terminate relationship
  - Avoid thorough assessment
- Recent stressors which may threaten the patient's ability to cope with difficulties and ability to participate in treatment planning – why now?
- Asses the level of hopelessness and be aware of the impact upon the pt. refusing treatment

Assessing Risk

- Determine the presence of suicidal thoughts including
  - ***Active*** suicidal ideation: specific thoughts of taking action to kill oneself.
    - "I want to kill myself" or "I want to end my life and die."
  - ***Passive*** suicidal ideation: wish or hope that death will overtake oneself.
    - "I would be better off dead"; "My family would be better off if I was dead"; "I hope I go to sleep and never wake up."
- If suicidal ideation is present, inquire if the thoughts are ***new*** and / or about ***changes*** in what may be ***chronic thoughts***
- Content and Duration; Increased intensity or frequency
- How has the patient has been controlling these thoughts?
- Other inquiries include the patient's outlooks about death
  - Thoughts of reuniting with lost significant others; Evoking punishment of others; Escape a painful physical or psychological situation; Harming others first before harming him or herself.

Assessing Risk

- Has a specific plan been formulated – i.e., method, place, and time? What is the anticipated outcome of the plan?
- Are the means of committing suicide available or readily accessible?
  - Does the patient know how to use these means?
- What is the lethality of the plan?
  - What is the patient's conception of lethality versus the objective lethality?
- What is the likelihood of rescue?
- Have any preparations been made or how close has the patient come to completing the plan?
  - i.e., gathering pills, changing wills, suicide notes - Has the patient practiced the suicidal act or has an actual attempt already been made?
- What is the strength of the intent to carry out suicidal thoughts and plans?

Assessing Risk

- Is there a history of impulsive behaviors or substance use that might increase impulsivity?

- Past history
  - Lethality of most serious attempt
  - Context of most serious attempt
  - Reaction to most serious attempt
  - Firearm use in most serious attempt

- Family history
  - Inquire about family history of suicidal behavior

- What is the accessibility of support systems / protective factors

Assessing Risk – other factors

- Hopelessness and view of the future
- Helplessness and sense of control
- Worthlessness
- Current life stressors, such as conflicts at home or work, and coping capacity
- History of aggressive behavior directed at others
- History of psychiatric disorders
- Chronic pain
- New diagnosis of a fatal medical condition

Normalize and Overestimate

- "When someone is depressed and feels very upset it is normal…… even fleeting thoughts."
- "In your situation….. *twenty or thirty times* over the last week?"

Challenge & Probe

» "You will have to persuade me…. why wouldn't you…..?"
» "What would it take to lead you to want to escape…… ?"
» "What things….. go on living?"

Chronologize

» "Help me understand what has happened to you recently….Walk me through every step in the past two days"
» "Describe your thoughts….Thinking most seriously about"

Impulsiveness & Weapons

» "How many times have you started to act on a suicide plan but stopped before you actually did anything? Perhaps 5 times in the past month?
» "How easy is it for you to obtain a firearm?"

Shea SC. The Practical Art of Suicide Assessment. John Wiley & Sons, 1999.

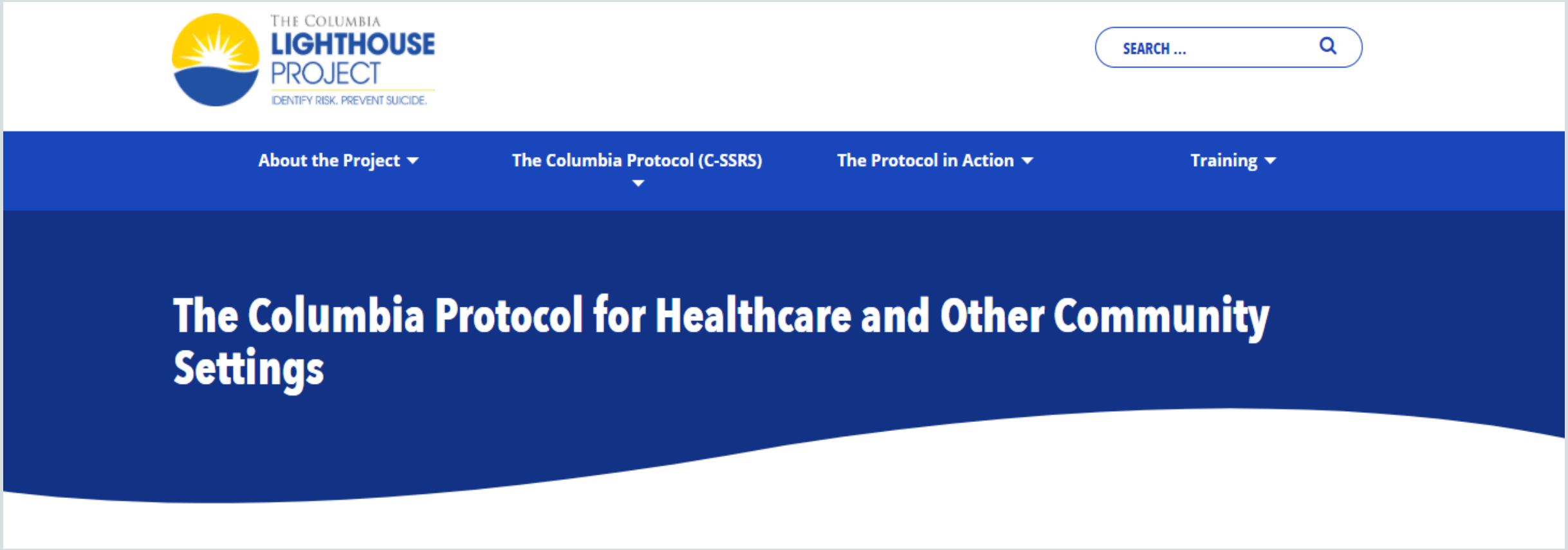
What is he or she answers no to risk questions but you suspect otherwise?

- Do NOT be content with initial response if you think the patient is withholding information
- Pay attention to non-verbal cues
- Comment on any change in affect with question
- Comment on any pauses in answering
- Comment on any diverted gaze with answering
  - Example: "You paused for awhile before answering that question and then looked away."
- Contact an outside informant

Columbia Suicide Severity Rating Scale (C-SSRS)

https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/#filter=.general-use.english

https://zerosuicide.edc.org/



Columbia Suicide Severity Rating Scale (C-SSRS)

	Past month	
Ask questions that are bolded and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) *Have you wished you were dead or wished you could go to sleep and not wake up?*		
2) *Have you actually had any thoughts of killing yourself?*		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) *Have you been thinking about how you might do this?* E.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*"		
4) *Have you had these thoughts and had some intention of acting on them?* As opposed to "*I have the thoughts but I definitely will not do anything about them.*"		
5) *Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*		

6) *Have you ever done anything, started to do anything, or prepared to do anything to end your life?* Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask: *Was this within the past three months?***	**YES**	**NO**

- Low Risk
- Moderate Risk
- High Risk

Zero Suicide Toolkit

Know Your Plan of Action

- Emergency Department
- Crisis Stabilization Unit
- Mobile Crisis Unit
- Acute Inpatient Psychiatric Hospitalization
- Partial Hospitalization Program
- Outpatient Medication Management and Individual Psychotherapy
- Outpatient Skills Groups
- Suicide Prevention Lifeline – 800-273-TALK
- Welfare Checks
- Safety Plans
- Etc.

Something to remember

- Frequent, intense thoughts of suicide may be the best predictor of suicide

- ≥ 75% of patients deny or minimize risk in the period immediately prior to their suicide

- Most disclose their thoughts to family and friends